

### 2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

	PLEASE FILL OUT THE SUB	GRANTEE AND PROJECT TITLE BLANKS ONLY
	Grant #: Appli	icant: GILA COUNTY SHERIFF'S OFFICE
	Grant #:	icant:   GILA COUNTY SHERIFF'S OFFICE
-	Project Title: CRITICAL INCIDENT RESPOND	DER SAFETY AND HEALTH
	The following document(s) have be	een completed and submitted with the application.
Chec	k if Completed	
	t Workbook	
V	-Project Administrative Page (Questions 1-10)	
V	-Project Narrative (Questions 11-13)	
V	-Project Justification (Questions 14 & 15)	
V	-Core Capabilities (Questions 16 & 17)	
V	-Milestones (Question 18)	
Pleas	se be sure to only complete the following worksheets	that pertain to your project.
V	-Equipment Budget Narrative	Please check the following boxes if
	-Equipment Description & Utilization	Total of the following source in
Г	-Training Budget Narrative & Detail Worksheet	-Your agency is NIMSCAST Compliant
	-Exercise Budget Narrative & Detail Worksheet	For more information on NIMSCAST:
	-Planning Budget Narrative & Detail Worksheet	http://www.fema.gov/nimscast/index.jsp
	-M&A Budget Narrative & Detail Worksheet	
	-Organization Budget Narrative & Detail Worksheet	<ul> <li>-Your agency is registered with and participating in E-Verification Program</li> </ul>
	-Memorandum of Understanding (if applicable)	E-Verification Program
The f	ollowing tabs <u>MUST</u> be completed	For more information on E-Verify
V	-Standard Data Collection Form	www.uscis.gov/E-Verify
V	-Financial System Survey	
V	-Budget Summary	
V	-Project Summary	
V	-FFATA Summary	
U	-Grant-Funded Typed Resource Report	

Grant-Funded Typed Resource Report

The due date for this application is March 1, 2013 at 5:00PM. No late applications will be accepted. No incomplete applications will be accepted. There will be no opportunity for clarifications once the application has been submitted. To submit an application please click on the link below:

http://www.azdohs.gov/application2013.asp

Central Region, Phoenix UASI	East and West Regions, State Agencies	North and South Regions
Susan Dzbanko	John Coughlin	Maryann Loya
(602) 542-1777	(602) 542-7012	(602) 542-7062
sdzbanko@azdohs.gov	jcoughlin@azdohs.gov	mloya@azdohs.gov

### **Grant Timeline**

March 1, 2013 no later than 5:00 PM (Arizona Time) - Application due to AZDOHS.

March 4 - March 15, 2013 AZDOHS reviews grant applications.

March 18 - April 12, 2013 Applicable applications will be reviewed by Working Groups as necessary. Regional Advisory Councils will provide recommendations to the Director of AZDOHS.

TBD - AZDOHS Applications due to Federal DHS.

On or before September 2013 - Awards will be made to local jurisdictions and state agencies.

Grant Period - Start date will be determined by the date on the official award notice to Arizona. from U.S. DHS. The local jurisdictions grant award period will not exceed 12 months.

### STATE OF ARIZONA **Department of Homeland Security** 2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION FOR THIS SECTION BE SURE TO CHOOSE A PROGRAM Grant #: Applicant: | GILA COUNTY SHERIFF'S OFFICE Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH Grant Program: SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM • PROJECT ADMINISTRATIVE PAGE GILA COUNTY SHERIFF'S OFFICE 1. Applicant 2. Organization Type County -Applicant Address: **POB 311** Mailing Address City/State/Zip GLOBE AZ 85502-1465 East Region ~ 3. Region or Entity: City State Zip+4 Code https://tools.usps.com/go/ZipLookupAction!input.action **Head of Agency** CHIEF JOHNNY SANCHEZ **Program Initiatives** Title Last Name First Name 928-425-4449 4a. Initiatives: n CBRNE Detection, Response & Decontamination Capabilities -E-Mail Address: jgsanchez@co.gila.az.us 4b. Is this LETPA?: -Agency's Point of Contact SGT JOHN FRANCE Information Last Name 928-472-5395 928-701-4440 Cell Phone # E-Mail Address: jfrance@co.gila.azus 5. Total Dollar Amount Requested: \$35,295 6. Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this project. To learn more about the strategy visit this website: http://www.azdohs.gov/Grants/SHSS.asp 5.1.1. 5.1.4. 5.2.1 7. Identify the primary National Priority that is supported by this project from the drop down box below. NP6. Strengthen CBRNE Detection, Response and Decontamination Capabilities 8. Is this project new or ongoing? If the project is ongoing, identify the corresponding projects and funding amounts for each year as applicable. Also, for the current grant cycle, please identify, if any, requests for funding from other funding sources i.e. EOC, EMPG etc. Ongoing; FY2010 received \$28,000, FY2011 none received, FY 2012 received \$49,700. 9. Can partial funding be accepted for this project? If so, at what specific dollar amount(s), items, and quantities? Be sure to list the order of priority. Yes. 1st; \$15,975.00 - Modular Diving Buoyancy Competency Device, 2nd; \$15,975.00 - SCUBA Regulator with Gas Swtiching Block, 3rd \$4,155.00 - Weight Integrated Diving Safety Harness. 10. Please list the multiple jurisdictions and/or disciplines served by this project. Include POC information for each partnering agency. This project will serve the regional areas Gila County, Tonto Apache Tribal Reservation, San Carlos Tribal Reservation, White Mtn. Apache Tribal Reservation, Navajo, Coconino, Apache, and Maricopa Counties, and Town of Payson. None are direct partners at this point.

### 2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #:	Applicant:	GILA COUNTY SHERIFF'S OFFICE
Project Title:	CRITICAL INCIDENT RESPONDER S	SAFETY AND HEALTH

### **PROJECT NARRATIVE**

11. Provide a summary description (scope of work) for this project as well as a description of the need. Be sure to include how this project will support and enhance jurisdictional capabilities that are directly related to the Initiative identified on the previous tab under item 4. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

team is relied upon to respond to water related incidents involving recreational lakes, rivers, water treatment plants. We respond to incidents of vehicles in the water which creates a contaminated enviornment. The equipment enhances diver safety and personal protection when in these enviornments, allow diving inspections into potable water storage treatment facilities without our causing contamination. This equipment will complete our system to address hazard mitigation, search and rescue, underwater crime scene management and response to critical hazards, with this completion we will be able to pursue FEMA accreditation. We have team members from the Tonto Apache Tribe, Tonto Basin Fire Dept., US National Park Service, and civillian volunteers. We provide training and work with teams from Navajo, Coconino, Apache Counties, and US Border Patrol.

### 12. What is the sustainability plan for this project/equipment?

The equipment meets or exceeds US Navy standards for quality and durability. It will be maintained and serviced yearly. The Buoyancy device has a lifetime warranty on the air bladder. With routine regular care the equipment should have a minimum sustainability of ten plus years.

13. Provide a summary of the current state of this project, its objectives and any outcomes to be completed prior to this funding. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

FY2010 Grant provided for the purchase of portable SCUBA air compressor fill station. No funding in FY2011, siezure of vehicle and trailer allowed placement of compressor for sustainable mobility to respond regionally and statewide. FY2012 Grant purchase of Contaminated Water Dry Protective Suits, SCUBA Full Face Mask, Emergency Backup Air Supply tanks, and communication equipment for response to critical contaminated environments. Objective is to complete needed equipment to safely and competently function in a critical contaminated environment.

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### PROJECT JUSTIFICATION

14a. Explain how this project supports the State Homeland Security Strategy.

To learn more about the State Homeland Security Strategy, refer to the following website:

http://www.azdohs.gov/Grants/SHSS.asp

Within Gila County are the two largest inland lakes; Roosevelt Lk. San Carlos Lk. which provide much of the potable and agircultural water supply for Phoenix & Tucson metro areas. We have several private water companies which supply local needs. Our project in the past year has incorporated members, through MOU's, from Tonto Apache Tribe, US National Park Service, Tonto Basin Fire Dept. and provide training for Navajo, Coconino & Apache Counties, US Border Patrol. The equipment will fulfill our ability to respond to critical contaminated environments, seamlessly collaborate with other Public Safety Dive Teams throughout the state to prevent, respond to, & recover from all critical hazards involving a water environment.

14b. Include how this project fits into one (or more) of the State Initiatives. Please refer to the "PROJECT ADMIN TAB" under Item 4. Provide any additional justification that supports this project. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

This equipment will enhance protection for diving in contaminated water enviornments by allowing divers to switch air supply source without exposure to the enviornment of CBRNE contamination. Integrated Safety Harness system will keep divers safe and secure while diving by being able to tether the divers. Modular BCD system will allow for multiple users, rapid changes to multi-tank configuring when needed, and minimal down time for replacement by only replacing the module needed if affected by contamination.

15. Describe in detail the goals and objectives of the proposed project. Be sure to address what your organization's current capabilities are, and how the current capabilities of your organization will be impacted or enhanced as a result of this grant. The character limit for this section is 1,000. Do not use any special characters such as a hyphen or apostrophe.

We currently are equipped with protective Dry Dive Suits, SCUBA Full Face Masks, Radio, Mobile response trailer with air compresor fill station. Our goal is to completely equip a minimum of 15 personnel, using new and current equipment. This equipment will furnish divers with appropriate sustainable items to OSHA standards. Currently all of our divers must furnish and use their own BCD system and SCUBA Regulators, which creates issues for standardization. We do not have Integrated Weight Safety Harness's or Gas Switching Blocks. The requested SCUBA Regulator will match our most recent system upgrades from FY2012 to be able to have complete enviornmental sealed systems for extreme cold and contaminated conditions. The harness system will provide a backup means of simple communication, a safety line for when diving in confined or restricted enviornments facilitating diver rescue if needed.

		OF ARIZONA f Homeland Security	
	2013 STATE HOMELAND SECU	RITY GRANT PROGRAM APPL	ICATION
Grant #:	Applica	nt: GILA COUNTY SHE	RIFF'S OFFICE
Project Title:	CRITICAL INCIDENT RESPON	DER SAFETY AND HEA	LTH
	CORE CA	APABILITIES	
this project in priority	Capabilities please identify, from the dro order. Then enter the proposed amount the Core Capabilities List click on the link	t of funding to be obligated fo	
http://www.fema.gov/po		below.	
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17. For each Core Capwill address (Example each gap listed, proving Environmental Responsustainable operation hazards. We will also and support the Ton	Choose Core Capabilities  Int should equal the total amount being respectively selected, list the gap number as a gap number: Operational Communicationse/Health and Safety; Equipment, 1A nal equipment to address hazard mitigation be able to assist other agencies in like for to Apache Tribe, Tonto Basin FD, US No.	identified in the State Preparetions, Equipment, 1- Acquire, maddresses that gap within you acquire, maintain and sustain econ, search and rescue, crime so fashion. We have incorporated Vational Park Service. We reco	dness Report (SPR) that this naintain and sustain equipme ar jurisdiction and/or region. quipment. This equipment will ene management, and other of members into our team to enently have be come involved it
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Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH		
MILESTONES		
18. Provide specific milestones for the project during the course of the performance period. Each	milestone (un te	A) abould
provide a clear description of the projected outcome. Note: If this grant is awarded, the milestones required to be fulfilled as part of the grant requirement. The grant performance period is 12 month by cle is October 2013 - September 2014. Extensions will only be considered under extenuating cires supporting documentation will be required. Do not use any special characters such as a hyphen o	s, as identified b s and the projec cumstances, an	elow, are cted funding
Milestone 1 Description:	Charl Data	End Date
Grant received, criteria established for equipment bids.	Start Date 10/01/2013	12/31/2013
Grant received, effective established for equipment bids.	16/6 1/2016	12/01/2010
Milestone 2		District Control
Description:	Start Date	End Date
Bids received and reviewed, purchase process started.	01/01/2014	03/31/2014
Milestone 3		
Description:	Start Date	End Date
Bids awarded, purchase orders going out.	04/01/2014	06/30/2014
filestone 4		
Description:	Start Date	End Date
Equipment received, operational training started for new equipment, equipment issued to team	07/01/2014	09/30/2014
members		

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### **EQUIPMENT - BUDGET NARRATIVE**

For this budget narrative include any and all items that can be found on the AEL. Provide a detailed description of each item and how each item will be utilized. Equipment cost estimates must be listed, installation, shipping and taxes should be included in the per item cost. For each item of equipment, list the Authorized Equipment List (AEL) Item Number. If "Other Authorized Equipment" was annotated, specify the equipment here. All equipment associated with this grant must be listed on this page only. If you have any questions or concerns regarding the AEL, contact Michael Stidham at mstidham@azdohs.gov or (602) 542-7041.

The most current AEL can be found on the **FEMA Responder Knowledge Base** at the following link: <a href="https://www.rkb.us/fema\_grants.cfm">https://www.rkb.us/fema\_grants.cfm</a>

What is the detailed description and utilization of the equipment requested? You must provide your answer in the space below.

Modular Diving Buoyancy Competency Device (BCD) will allow equipping our divers with an appropriate device that is able to be fitted for a multiple of personnel, if a piece fails it alone needs to be replaced. The prefered choice has a lifetime air bladder system, design will allow it to be easily cleaned & serviced when exposed to contaminated water. Current personnel supply their own BCD's non modular, thus not easily serviced, nor warrantied. The SCUBA Regulator W/ Gas Switching Block will allow divers to switch between multiple air sources for redundant safety, without having to remove their Full Face Mask system thereby avoiding facial exposure to contaminated water. The SCUBA regulator is of an enviornmentally sealed unit which will further protection from contaminated water. Diving Safety Harness will provide a means to tether divers with safety lines while incorporating the needed weight system in a single unit, reducing the diver's payload and streamlining their underwater profile.

AEL#	Item Description	Quantity Requested	Cost	Total Cost
01WA-01-SCBA 🖵	SCUBA Regulator with Gas Switching Block	15	\$1,065	\$15,97
01WA-06-BCMP -	Compensators, Buoyancy Diving - Modular	15	\$1,011	\$15,16
01WA-06-HRNS 🖵	Harness, Diving - Safety Weight Integrated	15	\$277	\$4,15
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			Total	\$35,295

#### STATE OF ARIZONA

**Department of Homeland Security** 

2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

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Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

### TRAINING - BUDGET NARRATIVE AND BUDGET DETAIL WORKSHEET

All training must be in accordance with and approved by the State Training POC, prior to any contracted services with training provider. Any grant funds used for Communications Unit training must be in compliance with the Arizona Communications Unit Training Coordination Procedure.

More information on the Arizona Communications Unit Training Coordination Procedure can be found at:

http://azpsic.gov/library/standards/default.htm

FEMA approved training class, course number, title and/or conference/training event:

https://www.firstrespondertraining.gov

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants from your jurisdiction.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training address a gap identified in the SPR? List the gap number from the SPR and a description of how the training addresses that gap.

Mission Area Choose Mission	Area		Training Level	Choose Training	Level	•
Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	
						Total
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	SC

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

FEMA approved training class, course number, title and/or conference/training event:

https://www.firstrespondertraining.gov

Enter a brief course description. MUST include: 1) proposed location, 2) training provider, 3) provider address, 4) provider point of contact, number and website, 5) estimated number of participants.

How does the requested training support FEMA mission scope to prepare personnel to prevent, protect, respond to and recover from all critical hazards?

How does the requested training enhance/sustain capabilities that support the UASI or SHSGP Strategy?

Mission Area Choose Mission	Area	<u>-</u>	Training Level	Choose Training	Level	•
Projected Number of Deliveries ( 1 or Greater)	Backfill Overtime	Workshops Conferences	Trainers Contractors Consultants	Supplies	Travel	
0	\$0	\$0	\$0	\$0	\$0	Total
Total Cost for All Deliveries	\$0	\$0	\$0	\$0	\$0	\$0

If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

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Mission Area Choose Mission	Area	. ;🕶	Training Level	Choose Trainin	ng Level	V
Projected Number of	Backfill	Workshops	Trainers Contractors			
eliveries ( 1 or Greater)	Overtime	Conferences	Consultants	Supplies	Travel	
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Section 5

### 2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

Grant #:

Applicant: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

#### **EXERCISE - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET**

Must be conducted in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP).

https://hseep.dhs.gov/pages/1001 HSEEP7.aspx

Each Exercise event must be explained in detail. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (Medicare is NOT a reimbursable cost for personnel Backfill/Overtime). All Equipment assosciated with Exercise must be listed on the "Equipment Budget Narrative" page only. The character limit for this section is 1,000.

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website: http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested.

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requeste

Backfill Overtime	Contractors Consultants	Design Develop	Exercise Planning	Travel	Supplies	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXERCISE LEVEL: (Table Top, Functional, Full Scale)

Consultants

SO

Develop

SO

Overtime

SO

EXERCISE DESCRIPTION: Provide a description of this exercise event. Each allowable exercise expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Supplies, etc. If requesting supplies, you must provide a list and corresponding dollar amount for all consumable supplies requested

\$0
State Branch St.

Planning

\$0

**Travel** 

\$0

**Supplies** 

Total

\$0

#### STATE OF ARIZONA Department of Homeland Security 2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION GILA COUNTY SHERIFF'S OFFICE Grant #: Applicant: Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH PLANNING - BUDGET NARRATIVE & BUDGET DETAIL WORKSHEET Each Planning activity must be explained in detail. Refer to the link below for additional guidance and detailed information on allowable planning expenses/activities. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (Medicare is NOT a reimbursable cost for personnel Backfill/Overtime). All Equipment assosciated with Planning must be listed on the "Equipment Budget Narrative" page only. The character limit for this section is 1,000. Management & Administration and Planning Information: http://www.azdohs.gov/Documents/Grants/HSGP\_MAandPlanning1210.pdf Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website: gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting conferences and workshops, provide the name and description of the conference(s) or workshop(s) requested. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested. Backfill and Staff. Contractors Overtime Workshops Travel / Per Diem \$0 \$0 \$0 \$0 \$0 Choose Planning Cost For Staff, Contractors, Consultants Select Associated Staff, Contractor, or Consultant Costs: Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE : 1.1.0) and Action Item(s) Numbers (EXAMPLE:1.1.4) that relate to this le a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar Backfill and Staff, Contractors, Overtime Consultants Workshops Travel / Per Diem Materials Total \$0 \$0 \$0 \$0 \$0 50 Choose Planning Cost For Staff, Contractors, Consultants Select Associated Staff, Contractor, or Consultant Costs: Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE: 1.1.0) and Action Item(s) Numbers (EXAMPLE: 1.1.4) that relate to this project Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar mount for all materials requested **Rackfill** and Staff. Contractors. 50 \$0 \$0 \$0 \$0 SO. elect Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants Enter the 2011 - 2014 State Homeland Security Strategy Objectives (EXAMPLE: 1.1.0) and Action Item(s) Numbers (EXAMPLE: 1.1.4) that relate to this project Provide a description of this planning activity. Each allowable planning expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, and Materials, etc. If requesting materials, you must provide a list and corresponding dollar amount for all materials requested. Backfill and Staff. Contractors. Conferences and Consultants Workshops Travel / Per Diem Materials Total Overtime \$0 \$0 \$0 50 \$0 elect Associated Staff, Contractor, or Consultant Costs: Choose Planning Cost For Staff, Contractors, Consultants PLANNING SUBTOTALS \$0 SO \$0

	2013 STATE HOMELAND SEC	URITY GRANT PROGRAM PROJECT APPI	LICATION
Grant #:		Applicant: GILA COUNTY SHER	IFF'S OFFICE
Project Title:	CRITICAL INCIDENT RES	SPONDER SAFETY AND HEALTH	
	ORGANIZATION - BUDGET	NARRATIVE & BUDGET DETAIL WOR	KSHEET
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	Overtime for Information, Investigative and Intelligence Sharing Activities	Select Operational Expenses Associated with Increased Security Measures at CI Sites as Declared by Federal DHS.	New Staff Positions, Contractors, or Consultants for Participation in Information, Intelligence Analysis and Sharing Groups or Fusion Center Activities
nter the 2011 - 2014 State Homela	nd Security Strategy Objectives (EX	AMPLE: 1.1.0) and Action Item(s) Numbers (EX	AMPLE: 1.4) that relate to this project:
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	\$	\$0	\$0
TO MANUAL TO SERVICE SERVICES	WASHINGTON AND THE PARTY.	NAME OF THE PARTY	ALESS HARRY VALLEY
TOTAL ORGANIZATION COSTS	\$	\$0	\$0
TOTAL COSTS			\$0
TO TAL GOOTS			90

### 2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

N	MANAGEMENT AND ADMI	NISTRATION	- BUDGET NARRATIVE & BUDGET DETAIL WORKSHI
Project Title:	CRITICAL INCIDENT R	ESPONDER	SAFETY AND HEALTH
Grant #:		Applicant:	GILA COUNTY SHERIFF'S OFFICE

### EET

M&A COSTS ARE LIMITED TO 5% OF THE TOTAL AMOUNT OF THE PROJECT AWARD.

M&A COSTS ARE NOT APPLICABLE FOR STATE AGENCIES.

Each M&A activity must be explained in detail. Refer to the link below for additional guidance and detailed information on allowable M&A expenses/activities. Personnel dollar amounts must list out fringe benefits and costs. Fringe benefits on overtime hours are limited to FICA, Workers' Compensation, and Unemployment Compensation. (Medicare is NOT a reimbursable cost for personnel Backfill/Overtime). All Equipment assosciated with Organization must be listed on the "Equipment Budget Narrative" page only. The character limit for this section is 1,000. Management & Administration and Planning Information:

http://www.azdohs.gov/Documents/Grants/HSGP\_MAandPlanning1210.pdf

Travel, Lodging and Per Diem rates based on the Arizona Accounting Manual, that can be found at the following website:

http://www.gao.az.gov/publications/SAAM/SAAM-2d-022008.pdf

Provide a description of each M&A expense activity. Each allowable M&A expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, etc. If requesting materials, you must provide a list of all consummable materials requested.

		Collection Plan					
Backfill	Personnel Contractors	Development for DHS Data	Travel Lodging	Meeting		Recurring Equipment	
Overtime	Consultants	Calls	Per Diem	Expenses	Materials	Fees	Total
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Provide a description of each M&A expense activity. Each allowable M&A expense category must be listed and a brief description provided of each item and how it will be utilized. Estimated costs must be listed: Personnel, Travel, etc. If requesting materials, you must provide a list of all consummable materials requested.

	Backfill Overtime	Personnel Contractors Consultants	Collection Plan Development for DHS Data Calls	Travel Lodging Per Diem	Meeting Expenses	Materials	Recurring Equipment Fees	Total
Γ	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
								Total
M & A SUBTOTALS:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

### STATE OF ARIZONA

### **Department of Homeland Security**

### 2013 STATE HOMELAND SECURITY GRANT PROGRAM APPLICATION

Grant #: GILA COUNTY SHERIFF'S OFFICE

Project Title: CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH

# **APPLICATION - SUMMARY**

FUNDING CATEGORIES	TOTAL
EQUIPMENT	\$35,295
TRAINING	\$0
EXERCISE	\$0
PLANNING	\$0
ORGANIZATION	\$0
M & A	\$0
APPLICATION TOTAL	\$35.295
PLANNING  ORGANIZATION  M & A	\$(

Grant Number:
Application Number:

Arizona Department of Homeland Security 1700 West Washington Street, Suite 210 Phoenix, AZ 85007

### **Project Summary**

Local Unit of Government:	GILA COUNTY SHERIFF'S OFFICE
Award Amount:	\$35,295
Project Title:	CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH
Project Description:	This equipment will provide further protection for first reponders to contaminated critical incidents. Due to our rural nature our team is relied upon to respond to water related incidents invoking recreational lakes rivers, water treatment plants. We respond to incidents of vehicles in the water which creates a contaminated environment. The equipment enhances diver safety and personal protection when in these environments, allow diving inspections into potable water storage treatment facilities without our causing contamination. This equipment will complete our system to address hazard mitigation, search and rescue, underwater orime scene management and response to critical hazards with this completion we will be able to pursue FEMA accreditation. We have team members from the Tonto Apache Tribe, Tonto Basin Fire Dept., US National Park Service, and civilian volunteers. We provide training and work with teams from Navajo, Coconino, Apache Counties, and US Border Patrol.
Project Type:	Enhance capabilities to respond to all-hazards events
Primary Core Capability:	Environmental Response/Health and Safety
HSGP Investment Supported;	Strengthen CBRNE Response and Detection
HSGP Primary Goal:	Goal 5 - Respond to Incidents
HSGP Objective:	Strengthen Arizona's essential responder personnel capabilities to address Chemical, Biological, Radiologic
Phoenix UASI Investment Supported:	Choose Primary Investment Supported
Phoenix UASI Primary Goal:	Choose a Phoenix UASI Goal
Phoenix UASI Objective:	Choose a Phoenix UASI Objective
Funding Source:	SHSGP - STATE HOMELAND SECURITY GRANT PROGRAM

Grant Number: Application Number:

Is this LETPA?

**Allowable Planning Costs** SHSGP UASI **Choose Primary Discipline** Developing hazard/threat-specific annexes that incorporate the range of prevention, Click Discipline protection, response, and recovery activities \$0 \$0 Developing and implementing homeland security support programs and adopting ongoing Click Discipline **DHS National Initiatives** \$0 \$0 Click Discipline Developing related terrorism prevention activities \$0 \$0 Developing and enhancing plans and protocols Click Discipline \$0 \$0 Click Discipline Developing or conducting assessments \$0 \$0 Hiring of full- or part-time staff or contract/consultants to assist with planning activities Click Discipline (not for the purpose of hiring public safety personnel fulfilling traditional public safety duties) \$0 \$0 Click Discipline Conferences to facilitate planning activities \$0 \$0 Materials required to conduct planning activities \$0 \$0 Click Discipline Click Discipline Travel/per diem related to planning activities \$0 \$0 Click Discipline Overtime and backfill costs (IAW operational Cost Guidance) \$0 \$0 Planning Totals \$0 **Allowable Organizational Activities** SHSGP UASI **Choose Primary Discipline** Overtime for information, investigative, and intelligence sharing activities (up to 50 Click Discipline percent of the allocation \$0 \$0 Reimbursement for select operational expenses associated with increased security Click Discipline neasures at critical infrastructure sites incurred during periods of DHS declared alert (up to 50 percent of the allocation) \$0 ŚO Hiring of new staff positions/contractors/consultants for participation in Click Discipline nformation/intelligence analysis and sharing groups or fusion center activities (up to 50 percent of the allocation) \$0 \$0 **Organizational Totals** \$0 UASI Allowable Equipment Categories SHSGP **Choose Primary Discipline** 01- Personal Protective Equipment \$15,975 \$0 Click Discipline 02- Explosive Device Mitigation and Remediation Equipment \$0 Law Enforcement 03- CBRNE Operational Search and Rescue Equipment \$19,320 \$0 Click Discipline 04- Information Technology Click Discipline 05- Cyber Security Enhancement Equipment \$0 \$0 06- Interoperable Communications Equipment Click Discipline \$0 \$0 Click Discipline 07- Detection \$0 \$0 Click Discipline 08- Decontamination \$0 \$0 Click Discipline 09- Medical \$0 \$0 \$0 Click Discipline \$0 Click Discipline 11- CBRNE Reference Materials \$0 \$0 Click Discipline 12- CBRNE Incident Response Vehicles \$0 Click Discipline 13- Terrorism Incident Prevention Equipment \$0 \$0 14- Physical Security Enhancement Equipment \$0 \$0 Click Discipline Click Discipline 15- Inspection and Screening System: \$0 \$0 Click Discipline 16- Agriculture Terrorism Prevention, Response, and Mitigation Equipment \$0 \$0 Click Discipline 17- CBRNE Prevention and Response Watercraft \$0 \$0 18- CBRNE Aviation Equipment \$0 \$0 Click Discipline Click Discipline 19- CBRNE Logistical Support Equipment \$0 \$0 Click Discipline \$0 20- Intervention Equipment \$0 Click Discipline \$0 21- Other Authorized Equipment \$0 **Equipment Totals** \$0 Allowable Training Costs SHSGP UASI **Choose Primary Discipline** Click Discipline Overtime and backfill for emergency preparedness \$0 \$0 Click Discipline **Training workshops and conferences** \$0 \$0 Click Discipline Full- or part-time staff or contractors/consultants \$0 \$0 Click Discipline Travel \$0 \$0 Click Discipline Supplies \$0 \$0 Training Totals \$0 ŚO Allowable Exercise Related Costs UASI SHSGP **Choose Primary Discipline** Click Discipline Design, Develop, Conduct and Evaluate an Exercise ŚC \$0 Click Discipline Exercise planning workshop \$0 \$0 Click Discipline Full- or part-time staff or contractors/consultants \$0 \$0 Overtime and backfill costs, including expenses for part-time and volunteer emergency Click Discipline response personnel participating in FEMA exercises \$0 \$0 Click Discipline Implementation of HSEEP \$0 \$0 Click Discipline Travel \$0 \$0 Click Discipline Supplies \$0 \$0 \$0 **Exercise Totals** SHSGP UASI Allowable Management & Administrative Costs **Choose Primary Discipline** Hiring of full- or part-time staff or contractors/consultants to assist with the managemen Click Discipline of the respective grant program, application requirements, compliance with reporting and data collection requirements \$0 Development of operating plans for information collection and processing necessary to Click Discipline respond to FEMA data calls \$0 \$0 Overtime and backfill costs \$0 \$0 Click Discipline Click Discipline Travel \$0 \$0 Click Discipline Meeting related expenses \$0 \$0 Click Discipline Authorized office materials \$0 \$0 Recurring expenses such as those associated with cell phones and faxes during the period Click Discipline of performance of the grant program \$0 \$0 Management & Administrative Totals Ś0 \$0 **Grand Totals** \$35,295 \$0 \$35,295

# **Arizona Department of Homeland Security**

Financial Systems Survey
Name of Organization: GILA COUNTY SHERIFF'S OFFICE
Person completing survey: Sgt. John France
Date: 2/21/2013 Email: jfrance@co.gila.az.us
PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BOX. ATTACH MATERIALS AND DOCUMENT Comments AS REQUIRED.
as stewards of federal and state funds, the Arizona Department of Homeland Security (AZDOHS) prefers to ward funds to organizations (regardless of how small or large) that are both capable of achieving project oals/objectives and upholding their responsibility for properly managing funds as they achieve those bjectives.
his survey will be used primarily for initial monitoring of the organization. This survey may also be used in valuating the financial capability of the organization in the award process. Deficiencies should be addressed for orrective action and the organization should consider procuring technical assistance in correcting identified roblems.  GENERAL INFORMATION
. Has your organization received a Federal or State Grant within the last two years?  Yes No
. Has your organization received funding from the Arizona Department of Homeland Security within the past two ears? If yes, specify the grant contract numbers (for OSGP awards prior to FFY08 simply state "Stonegarden" in the blank provided): SHSGP 444403-03
Yes No 999303-01
. Has your organization been audited by an independent Certified Public Accountant within the past two years?  Yes No
. Has your organization completed an A-133 Single Audit within the past two years?  ✓ Yes No
Has your organization been granted tax-exempt status by the Internal Revenue Service?  Yes No
. If you answered YES to question #5 under what section of the IRS code?  501 C (3) 501 C (4) 501 C (5) 501 C (6) Other
Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement nd personnel policies?  Yes No
. FUNDS MANAGEMENT
Which of the following describes your organization's accounting system?  Manual Automated Combination
. How frequently do you post to the General Ledger?  Daily Weekly Monthly Other

10. Does the accounting system completely and accurately track the receipt and disbursements of funds by each   Yes  No
11. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?  Yes No
12. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time?  Yes No
13. Is your organization familiar with Federal Cost Principles (i.e. OMB Circular A-87, A-122 or A-21)?  ☑ Yes □ No
C. INTERNAL CONTROLS
14. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?  Yes No
15. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?  ☑ Yes ☐ No
16. Are all accounting entries and payments supported by source documentation?  ✓ Yes □ No
17. Are cash or in-kind matching funds supported by source documentation?  ✓ Yes □ No
18. Are employee time sheets supported by appropriately approved/signed documents?  ✓ Yes □ No
19. Does the organization maintain policies which include procedures for assuring compliance with applicable Code of Federal Regulations and terms of each grant award?  Yes No
D. PROCUREMENT  20. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?  ✓ Yes  □ No
21. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?  Yes No
22. Does the organization complete some level of cost or price analysis for every purchase?  ✓ Yes □ No
23. Does the organization maintain files and other source documentation sufficient to detail the history of each purchase?  ✓ Yes □ No
24. Does the organization maintain a system of contract administration to ensure contractor conformance with the terms and conditions of each contract?  Yes No
25. Does the organization maintain written procurement policies and procedures?  ☑ Yes ☐ No

	Grant Number:
	Application Number:
	Arizona Department of Homeland Security
	Standard Data Collection Form
A. Agency Information	是全国的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的基本的
Project Title (if applicable):	CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH
Agency:	GILA COUNTY SHERIFF'S OFFICE
Amount Requested:	\$35,295
Project Description:	This equipment will provide further protection for first reponders to contaminated critical incidents. Due to our rural nature our team is relied upon to respond to water related incidents involving recreational lakes, rivers, water treatment plants. We respond to incidents of vehicles in the water which creates a contaminated enviornment. The equipment enhances diver safety and personal protection when in these enviornments, allow diving inspections into potable water storage treatment facilities without our causing contamination. This equipment will complete our system to address hazard mitigation, search and rescue, underwater crime scene management and response to critical hazards, with this completion we will be able to pursue FEMA accreditation. We have team members from the Tonto
Address:	POB 311
	GLOBE ///// AZ ///// 85502-1465 //// (State) ///// (State) ///// (State)
County:	(City) (State) (Zip code)
Authorized Individual:	
Name	JOHNNY SANCHEZ
	(First Name) (Last Name)
Position / Title:	CHIEF
Email:	jgsanchez@co.gila.az.us
Phone:	928-425-4449 Ext.
<b>Employer Identification Num</b>	nber: 866000444
Agency Classification (This is	based on your selection on the Project Administrative Page):
	ted business with the State using this Employer Identification Number?
	ving website to download and complete the State of Arizona Substitute W-9 form. Please be sure to submit this form with
your application.	ing website to download and complete the state of Arizona substitute w-5 form. Please be sure to submit this form with
	ns/forms/AZ_subw-9_010713-S&S.pdf
In which Congressional (Fede	eral) District is your agency headquartered? Enter District #:
http://www.azredistricting.org	
In which Legislative (State) Di http://www.azredistricting.o	oistrict is your agency headquartered? Enter District #: 5
Approximately how much FE	DERAL funding will your organization expend in your current fiscal year? \$110,000
What is your organization's fi	
	ergo an annual independent audit in accordance with OMB Circular A-133?  Yes
[1] [1] [1] [2] [2] [3] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	mation of the audit firm conducting your audit:  Miller and Allen & Co.
Agency:	5333 North 7th St., Suite 100
Address:	
	(Address Line 1) Phoenix ///// AZ ///// 85014
	(Address Line 2) (City) (State) (Zip code)
Phone Number:	602-264-3888
Fax:	602-230-0348

### **Arizona Department of Homeland Security**

#### Standard Data Collection Form B. Contact Information (Please copy this portion as many times as needed.) Program Agency - Indicates person with primary contact with the Arizona Department of Homeland Security and is directly responsible for ensuring that the program plan is implemented. All future program correspondence will be sent to this person. Fiscal Agency - Indicates person responsible for financial matters pertaining to this grant. Collaborator - Indicates all persons/agencies that have been identified as a collaborator, partner, or host site as a requirement of this grant. Program Agency Agency Contact Type: Gila County Sheriff's Office Agency: PO Box 311 Address: (Address Line 1) 1100 South St. Globe (State) (Zip code) (Address Line 2) (City) Gila County: ////// France Contact Person: John (First Name) (Last Name) Position/Title: Sergeant jfrance@co.gila.az.us Email: Phone Number: 928-701-4440 Ext. 928-474-0614 Fax: Agency Contact Type: Fiscal Agency • Gila County Sheriff's Office Agency: Address: PO Box 311 (Address Line 1) 1100 South St. (State) (Zip code) (Address Line 2) (City) Gila County: Nancy Neumann Contact Person: (Last Name) (First Name) Position/Title: Executive Admin. Asst. nneumann@gilacountyaz.gov Email: 928-425-4449 8579 Phone Number: Ext. 928-425-5674 Fax: Agency Contact Type: Select Contact Type Agency: Address: (Address Line 1) (Zip code) (State) (Address Line 2) (City) County: Select County Contact Person: (Last Name) (First Name) Position/Title: Email: Phone Number: Ext. Fax:

FFATA (Federal	Arizona Departmen Funding Accountability an	t of Homeland Security d Transparency Act) Repo	Application Number:  Orting Requirements
Name of Entity Receiving Award:	GILA COUNTY SHERIFF'S OFFICE		
Requested Amount:	\$35,295	Awarded Amount:	(AZDOHS use only)
Funding Agency:	Arizona Department of Homeland Secu	ırity	
CFDA Number:	97.067		
Project Title:	CRITICAL INCIDENT RESPONDER SAI	FETY AND HEALTH	
Location: City:	GLOBE	State: AZ	Congressional District 1
Zip+4 Code:	85502-1465		http://www.azredistricting.org
DUNS Number:	142370761		
1) Is 80% or more of your annual gross	revenues from Federal Awards?	Select Yes/No -	
2) Do you receive \$25 Million or more	annually from Federal Awards?	Select Yes/No -	
	If you answered YES to BOTH quest	tions, you MUST provide the follow	ring:
Names and Total Compensation of Top	Five paid executives:		
1: Name		Total Compensation	
2: Name		Total Compensation	
3: Name		Total Compensation	
4: Name		Total Compensation	
5: Name		Total Compensation	

20	13 STATE HOMELAND	SECURITY G	RANT PR	OGRAM AP	PLICATION	

	Grant #:	Applicant: SKAQDURTY SHERWES OFFICE
	Project Title:	CRITICAL INCIDENT RESPONDER SAFETY AND HEALTH:
structions and sample can be found on the AZDOHS website:		

Service Service	NAMES OF TAXABLE PARTY.				Grant-Fund	ded Typed Res	ource Re	port						
AEL Category	Equipment or Training	NIMS Typed Discipline or State/Local Discipline/Community of Interest Supported	NIMS Typed	NIMS Type #	State/Local Typed Resource Supported (if applicable)	Typed Equipment Purchased	# of Personnel Trained for Typed Teams	Teams	Sustain Current Capability/Add New Capability	Capability	Core Capability Supported:	Core Capability Supported:	Total Account Requested	List Quantity and iten Requested/Trained; Identify how these iter enhanced or sustaine capability
01- Personal rotective Equipment	Equipment	Law Enforcement	Public Safety Dive Team	12	•	SCUBA Regulator with Gas Switching Block	15	1	Sustain Current	Environmen tal Response / Health and Safety			\$ 15,975.00	15
1- Personal Protective		Law Enforcement	Public Safety []			Madulas Di dan D								
- Personal Protective	Equipment	Law Enforcement	Public Safety []			Modular Diving Buoyanc Weight Integrated Diving	15	1	Sustain Current	Environmental	Response /	Health and Sa	- 15,165	
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### 2013 STATE HOMELAND SECURITY GRANT PROGRAM PROJECT APPLICATION

## **Points of Contact**

Address Your State Homeland Security Grant Program Management Questions to the Individuals Listed Below

## **AZDOHS**

**Assistant Director of Planning and Preparedness** 

Lisa Hansen (602) 542-7014

en i i i

Lhansen@azdohs.gov

**Assistant Director of Community Preparedness** 

Cheryl Bowen Kennedy (602) 542-7077

Cbowen@azdohs.gov

**Assistant Director of Finance and Administration** 

Terry Riordan (602) 542-7056

Triordan@azdohs.gov

**Equipment Specialist** 

Michael Stidham (602) 542-7041

Mstidham@azdohs.gov

NIMCAST COMPLIANCE (ADEM)

Mariano Gonzalez (602) 464-6327

Mariano.gonzalez@azdema.gov

### REGIONAL STRATEGIC PLANNERS AND FINANCE SPECIALISTS

Central Region, **Phoenix UASI** 

Susan Dzbanko

Senior Strategic Planner

Office: (602) 542-1777 Cell: (602) 319-8837

Sdzbanko@azdohs.gov

East & West Regions,

**State Agencies** 

John Coughlin

Strategic Planner

Office: (602) 542-7012

Cell: (602) 568-2973

Jcoughlin@azdohs.gov

North and South

Regions

Maryann Loya

Strategic Planner

Office: (602) 542-7062 Cell: (602) 531-7226

Mloya@azdohs.gov

### Central, East & West Regions,

**Phoenix UASI** 

Lois George

**Grant & Finance Specialist** 

(602) 542-7047

Lgeorge@azdohs.gov

North Region,

**State Agencies** 

Kevin Mancino

**Budget Manager** 

(602) 542-1716

Kmancino@azdohs.gov

South Region

Simone Courter

Grant & Finance Specialist

(602) 542-7037

Scourter@azdohs.gov

# ADEM (Training & Exercise)

**Homeland Security Training** 

Coordinator

Kathy Walker

Office: (602) 464-6264

katherine.walker@azdema.gov

**Exercise Coordinator** 

Jan Lindner

Office: (602) 464-6218

jan.lindner@azdema.gov

**FEMA Training Coordinator** 

**Becky Scott** 

Office: (602) 464-6398

becky.scott@azdema.gov

# Arizona Department of Homeland Security FFY 2013 State Homeland Security Grant Program (SHSGP) Regional Advisory Council (RAC) Scoring Tool\*

							Score A	il projects using the fo	ollowing scale	
Region							2	Project Fully Mee	ts Criterion	
Reviewer			_				1	Project Partially N	feets Criterion	
							0	Project Does Not	Meet Criterion	
						No.				
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Project.*	The one	Riole	STEED OF ST.	Sainat Provides	elate die die die de	ethod Supports Mil	lestone descrip	nd are a dee to differ ecciondi	service's	•
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\*This is tool is to assist the RACs in the review and recommendation process